

the dilemmas and debating the issues with care.

Like Kuhse and Singer I believe that these decisions are best left to doctors and parents using appropriate consultations and counselling, with the courts being used only as a last resort to resolve serious disagreements or where there have been abuses of trust. To involve the State in sanctioning legal killing might erode much of this trust, even if such a law might protect doctors from accusations of murder. Absolute certainty in prognosis is impossible. With modern skills and technology we now err on the side of 'wrongful life'. Doctors, parents and society would need to be confident that such a law would not tip the balance towards 'wrongful death'. What parents and doctors need from society is not necessarily a new law but more compassion for the afflicted infant, more understanding for the family and considerable latitude for doctors in working out these dilemmas in the best interests of the infant and family. It would indeed be ironic if a Limitation of Treatment Bill were to become necessary because legislation like 'Baby Doe' or the efforts of 'pro-life' activists were seen to be increasing the suffering of infants and the harm done to families.

A G M CAMPBELL
Department of Child Health,
University of Aberdeen

References

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High Technology Medicine, Benefits and Burdens

Bryan Jennett, 245 pages, London, £8 including p&p, The Nuffield Provincial Hospitals Trust, 1984.

One of the delights about Jennett's writings is how readable they are. In the literature on high technology that is not a trivial point since this important area of medicine seems to be increasingly surrounded by largely indigestible papers, proceedings and books. The language of high technology medicine is often a little baffling; that of technology assessment frequently beyond

comprehension.

Certainly if the desirability of more and better technology assessment, the central theme of Jennett's book, is to be recognised by politicians, public and medical pundits then communicating the essential ingredients of the process is required. That is what Jennett succeeds in doing in this book.

He takes us through the relationship, between technology and medicine, including some well presented practical examples. He examines various attitudes to technology. In the core of the book he considers the 'benefits and burdens' of technology in health care and what has been and what can be done to manage technology.

On his very first page, he gets off to a good start when he defines technology as 'the use of tools'. How refreshing this is in comparison to so many other definitions currently promulgated by various different, apparently authoritative, bodies.

He is also ready to point the finger when and where he believes it is necessary. 'For many doctors conspicuous private consumption (for example a Rolls Royce) has been replaced as a status symbol by conspicuous public consumption' (p27). Many observers of health care have been saying something the same (but not as eloquently - and not as tellingly as when it comes from the dean of a medical faculty).

Central to his view is the need to get the balance right between benefits and burdens. He writes in a passage which sums up the book:

'There is seldom a clear dichotomy between the useful and the useless. More often it is a matter of relative worth, weighting the benefits, risks, and costs for individual patients, and taking account of how many in the community stand to benefit and what opportunities of bringing benefit to other patients would be forgone (p 230)'.

For those concerned with the ethics of technology assessment a comment in the middle of the book (p 132) brings out clearly the opportunity cost and indeed senselessness of not assessing technology.

'Granted that some technologies are of acknowledged benefit it is surprising how wide are the variations in their availability and use, even in different parts of Britain where there is a unified system for providing health care. . . This patchy and piecemeal adoption of effective technical innovations should

be a source of embarrassment to the profession and to the health service.' Such disparities across the country cannot be considered ethical.

He goes on to suggest that there are five main reasons why the deployment of high technology can be inappropriate. It may be (i) unnecessary; (ii) unsuccessful; (iii) unsafe; (iv) unkind; or (v) unwise (pp 133/4). All of these, interestingly, are also unethical in that inappropriate use of technology leads to less health than could be provided with the resources available.

Jennett is optimistic about the future of technology and its assessment, particularly as he believes that the traditional ethics of individualism in medicine is being eroded, partly as a result of the deployment of more technology. This is crucial to his analysis as one can only agree when he writes that 'rationalising the use of technology will be dependent on breaking through the barrier of clinical freedom behind which doctors are so fond of hiding'.

I have to wonder if his optimism on this issue is justified. Certainly his writing of such a book increases the probability that it is.

GAVIN MOONEY
Institute of Social Medicine,
University of Copenhagen

Social Controls and the Medical Profession

Judith P Swazey and Stephen R Scher, editors, 268 pages, Boston, Mass, £27.50, Oelgeschlager, Gunn & Hain, Publishers Inc, 1985

This study is about professional standards and competence in medical practice, but it extends its discussion to fraudulent practices in scientific research, makes reference to other professions such as law and divinity, and includes some discussion of wider ethical issues. It is the result of collaboration between seventeen people representing various disciplines and professions. Amongst them were physicians and surgeons, psychiatrists, a minister of religion, a philosopher, sociologists, an historian of medicine and a lawyer. The project was supported by the National Science Foundation and the National Endowment for the Humanities of the USA. The participants held eleven inter-related conferences between 1980 and 1982, with Dr Judith Swazey as director.